2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000005811

1. Entity Name
MURANO 908, LLC

Principal Place of Business	Mailing Address
1200 BRICKELL AVENUE, SUITE 860 MIAMI, FL 33131	1200 BRICKELL AVENUE, SUITE 860 MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #
1911 NW 150th Ave

Suite, Apt. #, etc.
Suite 201

City & State
Pembroke Pines, Fl

Zip
33028   Country
USA

3. Mailing Address
1911 NW 150th Ave

Suite, Apt. #, etc.
Suite 201

City & State
Pembroke Pines, Fl

Zip
33028   Country
USA

04142008   Chg-LLC   CR2E083 (12/06)

4. FEI Number ~~APPLIED FOR~~ 26-2376649   ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PETER M. LOPEZ, P.A.
1911 NW 150 AVENUE
SUITE 201
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City _____ FL | Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM NAME LOPEZ, ALVARO STREET ADDRESS 1200 BRICKELL AVENUE, SUITE 860 CITY-ST-ZIP MIAMI, FL 33131	☐ Delete	TITLE MGRM NAME LOPEZ, ALVARO STREET ADDRESS 1911 NW 150th Ave, Suite 201 CITY-ST-ZIP Pembroke Pines, Fl. 33028	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Alopez_   MGRM   4/17/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #